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FACSIMILE TRANSMISSION COVER SHEET

Date: November 30, 2007

To: United States Patent and Trademark Office
Examiner: O'Connor, Brian T.; Art Unit: 2616

Fax: (571) 273-8300

Re: Application Serial No.: 10/631,947
Filing Date: 7/30/2003; First-Named Inventor: Chen
Attorney Docket No.: 01CON218P-CIP

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 17

Message:

Enclosed please find the Response to Final Office Action dated October 15, 2007 and a Terminal Disclaimer

Authorization is hereby given to the Director to charge \$130.00 to deposit account 50-1867 as payment for the Terminal Disclaimer Fee.

Thank you.

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Attorney Docket No.: 0ICON218P-CIP

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Chen, et al.

SERIAL NO.: 10/631,947 FILED: 7/30/2003

FOR: Method and System for Configuring Gateways to Facilitate a Modem Connection Over a Packet Network

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	460.00	230.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,050.00	525.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,640.00	820.00	\$

TOTAL EXTENSION FEE \$ 0.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	13	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 210	x 105	\$

First presentation of multiple dependent claim

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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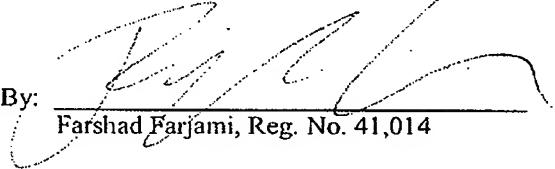
NOV 30 2007

Attorney Docket No.: 01CON218P-CIP

- Fee for one (1) enclosed terminal disclaimer: \$ 130.00
- Enclosed is the total fee of \$ _____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-1867 in the amount of \$130.00
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date: 11/30/07

By:

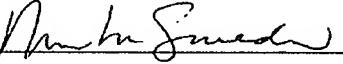

Farshad Farjami, Reg. No. 41,014

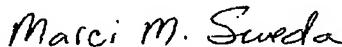
CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

11/30/07

Date


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Name of Person Performing Facsimile Transmission

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